CLAIM FOR REIMBURSEMENT FOR EXPENDITURES				I. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE			2. VOUCHER NUMBER				
			ICIAL BUSINESS		3. SCHEDULE NUMBER						
Decid the Division Act Otate weather the head of the					is form 5. PAID BY						
Read the Privacy Act Statement on the back of the a. NAME (Last, first, middle initial)					is form. b. SOCIAL SECURITY NO.						
					b. COOME DESCRIPT						
A	c MAILIN	IG ADD	RESS (Include ZIP Code)		d. OFFICE TELEPHON	NE NUMBER					
CLAIMANT	c. MAILING ADDRESS (Include ZIP Code)				u. OTTIGE TELEPHO						
0											
6.	EXPEN	IDITU	RES (If fare claimed in col. (g) claimant.)	exceeds charge for one pe	erson, show in col. (h) t	the number o	of additional pe	ersons which	accomp	anied tl	he
	DATE	С	Show appropriate code in col. A - Local travel	(b):			AMOUNT CLAIMED				
		0	B - Telephone or telegraph, or C - Other expenses (itemized)		RATE ¢	MILEAGE	FARE OR TOLL	ADD PER- SONS	TIPS A MISCE LANEO	L-	
E		Е	(Explain e	(Explain expenditures in specific detail.)			-				
(a)		(b)	(c) FROM		d) TO	MILES (e)	(f)	(g)	(h)	(i)	_
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If additional space is required continue on the back. SUBTOTALS CARRIBACK				D FORWARD FROM THE							
			AIMED (Total of cols. (f), (g) ar		TOTALS						
 This claim is approved. Long distance telephone calls, if as necessary in the interest of the Government. (Note: If are included, the approving official must have been autho the head of the department or agency to so certify (31 U.S.) 				ote: If long distance calls authorized in writing, by		and correct to the best of my knowledge and dit has not been received by me. Sign Original Only					
Sign Original Only					CLAIMANT						
				DATE	SIGN HERE		CU DAVMENT DE	EIDT			
OF	PROVING FICIAL		•		a. PAYEE (Signature) b. DATE RECEIVED			ED			
SIGN HERE O This claim is certified correct and proper for payment				nt	c. AMOUNT						
This claim is certified correct and proper for payment. Sign Original Only								J. 74410			
AUTHORIZED CERTIFYING OFFICER SIGN HERE					12. PAYMENT MADE BY CHECK NO.						

ACCOUNTING CLASSIFICATION

6. EXPENDITURES - Continued

DATE	Show appropriate code in col. (b): C A - I ocal travel			MILEAGE RATE	AMOUNT CLAIMED				
	O D	Show appropriate code in col. (b): A - Local travel B - Telephone or telegraph, or C - Other expenses(itemized)		¢	MILEAGE	FARE OR TOLL	ADD PER- SONS	TIPS AND MISCEL- LANEOUS	
	E		res in specific detail.)	NO. OF MILES					
(a)	(b)	(c) FROM	(d) TO	(e)	(f)	(g)	(h)	(i)	
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		Total each colun	on and enter on the front, subtotal line.						
		he Privacy Act of 1974, the following informa							

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chapter 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or other expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by Federal agency officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a taxpayer and/or employee identification number; disclosure is MANDATORY on vouchers claiming payment or reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.